

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DEVICE FOR ASSISTING IN TOTAL KNEE PROSTHESIS IMPLANTATION
Attorney Docket Number::	0512-1318
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	27
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PATRICK
Middle Name::
Family Name:: SCHIFRINE
Name Suffix::
City of Residence:: VEYRIER DU LAC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 7, ROUTE DE THONES
Address::
City of Mailing Address:: VEYRIER DU LAC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-74290

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CHRISTOPHE
Middle Name::
Family Name:: FORNASIERI
Name Suffix::
City of Residence:: MEYLAN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 14 AVENUE CHARTREUSE
Address::
City of Mailing Address:: MEYLAN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-38240

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: PASCAL

Middle Name::

Family Name:: VIE

Name Suffix::

City of Residence:: MONT SAINT AIGNAN

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 60 RUE DES BULINS

Address::

City of Mailing Address:: MONT SAINT AIGNAN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-76130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JACQUES

Middle Name::

Family Name:: LE SAOUT

Name Suffix::

City of Residence:: LANDEDA

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 261 KAMEULEUD

Address::

City of Mailing Address:: LANDEDA
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-29870

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: THIERRY

Middle Name::
Family Name:: MUSSET
Name Suffix::
City of Residence:: LARMOR PLAG

State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 4, RUE TOURVILLE

Address::
City of Mailing Address:: LARMOR PLAG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-56260

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PATRICK

Middle Name::
Family Name:: LAURENT
Name Suffix::
City of Residence:: PUYSMIROL

State or Province of
Residence::

Country of Residence:: FRANCE
Street of Mailing FOULON D'AUZEL
Address::
City of Mailing Address:: PUYMIROL
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-47270

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-MARIE
Middle Name::
Family Name:: TRILLAUD
Name Suffix::
City of Residence:: PERRIGNIER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing ROUTE DE L'ORATOIRE, BRÉCORENS
Address::
City of Mailing Address:: PERRIGNIER
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-74550

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: DUCASSE
Name Suffix::
City of Residence:: BAYONNE

State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 9 AVENUE MAURICE GOALARD
Address::
City of Mailing Address:: BAYONNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-64100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CYRIL
Middle Name::
Family Name:: TARQUINI
Name Suffix::
City of Residence:: SAUZET
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 550, CHEMIN MI-COLLINE
Address::
City of Mailing Address:: SAUZET
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-26740

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: YVES
Middle Name::
Family Name:: GIROU

Name Suffix::
City of Residence:: LA ROCHE SUR YON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 60 RUE GÉRARD PHILIPPE
Address::
City of Mailing Address:: LA ROCHE SUR YON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-85000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LEON
Middle Name::
Family Name:: BOSREDON
Name Suffix::
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 78 AVENUE DE LA RÉPUBLIQUE
City of Mailing Address:: VEYRIER DU LAC
State or Province of Mailing
Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing F-33200
Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity

Given Name:: LOUIS
Middle Name::
Family Name:: LOOTVOET
Name Suffix::
City of Residence:: NAMUR
State or Province of
Residence::
Country of Residence:: BELGIUM
Street of Mailing Address:: 17 RUE CATHERINE DE SAVOIE
City of Mailing Address:: MEYLAN
State or Province of Mailing
Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing
Address:: B-5000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: MULLIER
Name Suffix::
City of Residence:: PERWEZ
State or Province of
Residence::
Country of Residence:: BELGIUM
Street of Mailing Address:: 15 RUE D'OPPREBAIS
City of Mailing Address:: MONT SAINT AIGNAN
State or Province of Mailing
Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing
Address:: B-1360

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: HIMMER
Name Suffix::
City of Residence:: BOUGE
State or Province of
Residence::
Country of Residence:: BELGIUM
Street of Mailing Address:: 8 RUE DELIMOY
City of Mailing Address:: LANDEDA
State or Province of Mailing
Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing
Address:: B-5004

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: JEAN-PAUL
Middle Name::
Family Name:: FORTHOMME
Name Suffix::
City of Residence:: ST SYMPHORIEN
State or Province of
Residence::
Country of Residence:: BELGIUM
Street of Mailing Address:: 10 AVENUE PRINCESSE PAOLA
City of Mailing Address:: LARMOR PLAGE
State or Province of Mailing

Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing B-7030

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MICHAEL

Middle Name::

Family Name:: BREYSSE

Name Suffix::

City of Residence:: SAINT-PIERRE DE CHANDIE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 5 RUE DE FRINDEAU

City of Mailing Address:: PUYMIROL

State or Province of Mailing

Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing F-69790

Address::

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/001861	7/15/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/08698	7/16/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::